BROOKSI DE CARE CENTER 3506 WASHI NGTON ROAD KENOSHA 5314

OOOO WISHINGTON	IVO/ ID				
KENOSHA	53144	Phone: (262) 653-3800		Ownershi p:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with l	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/01):	154	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/01):	154	Title 19 (Medicaid) Certified?	Yes
Number of Resid	lents on $12/31$	<b>/01</b> :	152	Average Daily Census:	152

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30. 3		
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 8		
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 3	Under 65	0.7	More Than 4 Years	28. 9		
Day Services	No	Mental Illness (Org. /Psy)	34. 2	65 - 74	2. 6				
Respite Care	No	Mental Illness (Other)	7. 2	75 - 84	23. 7		100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	55. 9	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	3. 9	95 & 0ver	17. 1	Full-Time Equivalen	t		
Congregate Meals	No	Cancer	2. 0	ĺ		Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0. 7	İ	100.0	(12/31/01)			
Other Meals	No	Cardi ovascul ar	18. 4	65 & 0ver	99. 3				
Transportation	No	Cerebrovascul ar	5. 9			RNs	9. 0		
Referral Service	No	Di abetes	7. 2	Sex	% i	LPNs	6. 5		
Other Services	No	Respi ratory	3. 9		'	Nursing Assistants,			
Provi de Day Programming for		Other Medical Conditions	15. 1	Male	22.4	Aides, & Orderlies	41. 2		
Mentally Ill	No	İ		Femal e	77. 6				
Provi de Day Programmi ng for		İ	100. 0		i				
Developmentally Disabled	No				100. 0				
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	<b>.</b>		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	3	2. 9	128	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	3	2. 0
Skilled Care	9	100. 0	349	71	69. 6	110	0	0.0	0	41	100.0	155	0	0.0	0	0	0.0	0	121	79. 6
Intermedi ate				28	27. 5	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	28	18. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	9	100.0		102	100.0		0	0.0		41	100.0		0	0.0		0	0.0		152	100.0

BROOKSI DE CARE CENTER

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Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti ons	, Services, a	nd Activities as of 12	2/31/01
Deaths During Reporting Period	l			0/ N			
		]			edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	14. 1	Daily Living (ADL)	Independent	One Or '	Two Staff	Dependent	Residents
Private Home/With Home Health	4. 7	Bathi ng	0. 7	8	0. 9	18. 4	152
Other Nursing Homes	39. 1	Dressi ng	9. 2	8	2. 9	7. 9	152
Acute Care Hospitals	34. 4	Transferri ng	28. 9	5	3. 3	17. 8	152
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 7	4	8. 0	28. 3	152
Reĥabilitation Hospitals	0.0	Eating	61. 2	3	0. 9	7. 9	152
Other Locations	7.8	***************	*******	******	******	********	*****
Total Number of Admissions	64	Conti nence		% Sp	ecial Treatmer	nts	%
Percent Discharges To:		Indwelling Or Externa	l Catheter			piratory Care	5. 3
Private Home/No Home Health	6. 3	Occ/Freq. Incontinent				cheostomy Care	0. 0
Private Home/With Home Health	3. 1	Occ/Freq. Incontinent	of Bowel	9. 2	Recei vi ng Suct	ti oni ng Č	0. 0
Other Nursing Homes	0.0	į		]	Receiving Osto	omy Care	3. 3
Acute Care Hospitals	12. 5	Mobility		]	Receiving Tube	e Feedi ng	3. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	[	1. 3	Receiving Mech	hanically Altered Diet	s 27.0
Reĥabilitation Hospitals	0.0	i y			O	ű	
Other Locations	3. 1	Skin Care		0t	her Resident (	Characteri sti cs	
Deaths	<b>75.</b> 0	With Pressure Sores		0. 7	Have Advance I	Di recti ves	96. 1
Total Number of Discharges		With Rashes		16.4 Me	di cati ons		
(Including Deaths)	64			]	Receiving Psyc	choactive Drugs	22. 4
` 3		1			8 - 3		

\* Ownership: Bed Size: Li censure: Government 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98.7 81.4 1. 21 83.8 1. 18 84.3 1. 17 84.6 1.17 Current Residents from In-County 100 84. 1 1. 19 84. 9 1. 18 82. 7 1.21 77.0 1.30 Admissions from In-County, Still Residing 71.9 32.4 2.22 21.5 3.35 21.6 3.33 20.8 3. 45 Admissions/Average Daily Census 42. 1 64.0 0.66 155.8 0.27 137. 9 0.31 128. 9 0.33 Discharges/Average Daily Census 42.1 66. 7 0.63 156. 2 0.27 139. 0 0.30 130.0 0.32 Discharges To Private Residence/Average Daily Census 3. 9 19. 2 0.21 61.3 0.06 55. 2 0.07 52.8 0.07 Residents Receiving Skilled Care 81.6 85.0 0.96 93. 3 0.87 91.8 0.89 85.3 0.96 Residents Aged 65 and Older 99.3 84. 3 1.18 92.7 1.07 92. 5 87. 5 1. 14 1.07 Title 19 (Medicaid) Funded Residents 67. 1 77.7 0.86 64.8 1.04 64.3 68. 7 1.04 0.98 Private Pay Funded Residents 27. 0 1. 16 25.6 22. 0 1. 23 16.8 1.60 23. 3 1.05 Developmentally Disabled Residents 1.3 3. 2 0. 9 1. 50 1. 2 7. 6 0.17 0.41 1. 12 Mentally Ill Residents 41.4 56. 2 0.74 37. 7 1. 10 37. 4 1.11 33. 8 1. 23 General Medical Service Residents 15. 1 15. 4 0.99 21.3 0.71 21. 2 0.71 19. 4 0.78 Impaired ADL (Mean) 45.9 49. 2 0.93 49.6 0.93 49.6 0.93 49.3 0.93 Psychological Problems 22.4 65. 9 0.34 53. 5 0.42 54. 1 0.41 51. 9 0.43 Nursing Care Required (Mean) 7. 0 7.3 7. 6 0.93 6. 5 1. 08 6. 5 1.07 0.95